

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 204505 FILING DATE 11-6-80

APPLICANT(S) Larrea et al

| Amend D | | | | | | CLAIMS | | | | | | |
|--------------|----------|------|------------------------|------|------------------------|--------|---|------|------|--|------|------|
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | | IND. | DEP. |
| 1 | X | | | | | | | 101 | 1 | | | |
| 2 | | | | | | | | 102 | 20 | | | |
| 3 | | | | | | | | 103 | 20 | | | |
| 4 | | | | | | | | 104 | 8 | | | |
| 5 | | | | | | | | 105 | 0 | | | |
| 6 | | | | | | | | 106 | 1 | | | |
| 7 | | | | | | | 1 | 107 | 1 | | | |
| 8 | | | | | | | | 108 | | | | |
| 9 | | | | | | | | 109 | | | | |
| 10 | | | | | | | | 110 | | | | |
| 11 | | | | | | | | 111 | | | | |
| 12 | | | | | | | | 112 | | | | |
| 13 | | | | | | | | 113 | | | | |
| 14 | | | | | | | | 114 | | | | |
| 15 | | | | | | | | 115 | | | | |
| 16 | | | | | | | | 116 | | | | |
| 17 | | | | | | | | 117 | | | | |
| 18 | | | | | | | | 118 | | | | |
| 19 | | | | | | | | 119 | | | | |
| 20 | | | | | | | | 120 | | | | |
| 21 | | | | | | | | 121 | | | | |
| 22 | | | | | | | | 122 | | | | |
| 23 | | | | | | | | 123 | | | | |
| 24 | | | | | | | | 124 | | | | |
| 25 | 1 | | | | | | | 125 | | | | |
| 26 | | | | | | | | 126 | | | | |
| 27 | | | | | | | | 127 | | | | |
| 28 | | 0 | | | | | | 128 | | | | |
| 29 | | | | | | | | 129 | | | | |
| 30 | | | | | | | | 130 | | | | |
| 31 | | | | | | | | 131 | | | | |
| 32 | | | | | | | | 132 | | | | |
| 33 | | | | | | | | 133 | | | | |
| 34 | | | | | | | | 134 | | | | |
| 35 | | | | | | | | 135 | | | | |
| 36 | | | | | | | | 136 | | | | |
| 37 | | | | | | | | 137 | | | | |
| 38 | | | | | | | | 138 | | | | |
| 39 | | | | | | | | 139 | | | | |
| 40 | | | | | | | | 140 | | | | |
| 41 | | | | | | | | 141 | | | | |
| 42 | | | | | | | | 142 | | | | |
| 43 | | | | | | | | 143 | | | | |
| 44 | | | | | | | | 144 | | | | |
| 45 | | | | | | | | 145 | | | | |
| 46 | | | | | | | | 146 | | | | |
| 47 | | | | | | | | 147 | | | | |
| 48 | | | | | | | | 148 | | | | |
| 49 | | | | | | | | 149 | | | | |
| 50 | | | | | | | | 150 | | | | |
| TOTAL IND. | 2 | | 2 | | | | | | | | | |
| TOTAL DEP. | 1 | 66 | 66 | | | | | | | | | |
| TOTAL CLAIMS | 3 | 68 | 68 | | | | | | | | | |